

1.) CORPORATION NAME:

**Trinity Services Group, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1915117**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 380 SCARLETT BLVD

CITY/ST/ZIP: OLDSMAR, FL 34677

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MATT SANFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677		

NAME:	MATTHEW GULLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677		

NAME:	CHRIS PALDINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677		

NAME:	LARRY G VAUGHN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	OLDSMAR, FL 34677		

NAME:	Jim Long	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	Oldsmar, FL 34677		

NAME:	Christopher Alberta	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO and CFO		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	Oldsmar, FL 34677		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Magda Farren CAccountingO 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dominick Varacalli VICE PRESIDENT 477 Commerce Blvd Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Chris Watt VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bill Terry VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tom English VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Victor Rendon VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steve Sleigh VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Keller VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Dennis VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick Tolliver VICE PRESIDENT 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elaine Isenberg ASST SECRETARY 477 Commerce Blvd. Oldsmar, FL 34677	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Khadeeja Morse	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHRO		
ADDRESS:	477 Commerce Blvd.		
CITY/ST/ZIP/CO:	Oldsmar, FL 34677		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LARRY G VAUGHN	LARRY G VAUGHN, PRESIDENT	11/5/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.